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Warsaw, Poland, 5-8 June 2019

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P41-T

Distal nerve excitability block in severe paraproteinemic demyelinating neuropathy

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We present a rare case of a 55-year-old male who came to our attention due to the pronounced degree of injury to the peripheral nerves and a decrease in the excitability of their distal segments. Patient had a predominantly distal, chronic (5 years duration), slowly progressive, symmetric, predominantly sensory impairment (hypoaesthesia with hyperpathia) with sensory ataxia and mild weakness. Serum immunoelectrophoresis revealed an IgM-kappa monoclonal protein. CSF protein level was elevated at 3.5 g/L. NCS demonstrated a pronounced demyelinating sensorimotor peripheral neuropathy. Median, ulnar and sural sensory responses were not registered. Sympathetic skin response latencies were 1.8 ms (palm) and 2.3 ms (sole). Blink reflex latencies were prolonged up to 64 ms (R1) and 80 ms (R2). Motor NCS showed a pronounced prolongation of the distal CMAP latencies and conduction velocities decrease: median nerve – 61.0 ms and 9.0 m/s, ulnar – 44.0 ms and 10.0 m/s, peroneal – 58.5 ms and 9 m/s, tibial – 74.0 ms and 10 m/s respectively, femoral – 21.5 ms, facial – 34.2 Terminal latency indexes were smaller than 0.25. CMAP amplitudes was significantly reduced. Attention was drawn to the fact that the proximal CMAP area was greater than distal one. The reduction in CMAP area after distal simulation, as compared to proximal stimulation, was calculated as: (proximal CMAP – distal CMAP) x 100% / proximal CMAP. We called this diagnostic criterion the distal nerve excitability block. This criterion for the tibial and the median nerves was 85.5% and 58.3%, respectively.

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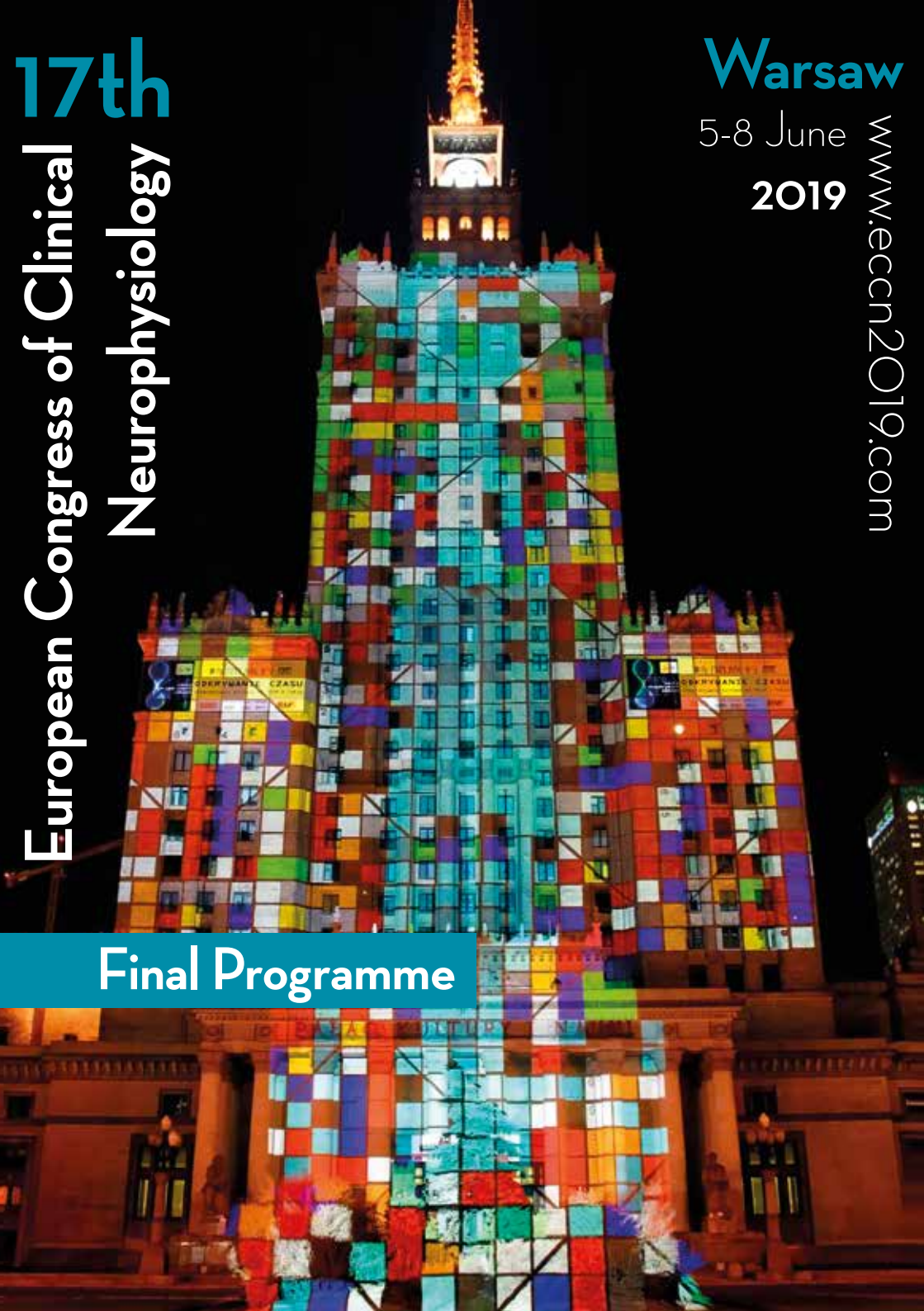

Final Programme

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P40-T | EEG characteristics in Polish patients with Unverricht-Lundborg disease
Magdalena Bosak[1], Anetta Lasek-Bal
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Nerve and muscle excitability-Neuromuscular disorders

Chair: James Howells (Sydney, Australia)

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[1]Republican Research And Clinical Center Of Neurology And Neurosurgery, Minsk, Belarus, [2]Polessky State University, Pinsk, Belarus

P42-T | Feasibility of an International Normative Database for Nerve Excitability Studies.
James M. Bell[1], Kazumoto Shibuya[3], André Caetano[2], Mamede de Carvalho[2], Satoshi Kuwabara[3], Kelvin E. Jones[1]
[1]University Of Alberta, Edmonton, Canada, [2]Universidade de Lisboa, Lisbon, Portugal, [3]Chiba University, Chiba, Japan

P43-T | Axonal Excitability Findings in Familial Dyslipidemia
Abir Alaamel[2], Gizem Kızılay[2], Assoc Prof.İbrahim Başarıcı[3], Prof.Hasan Ali Altunbaş[4], Hilmi Uysal[1]
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P44-T | Axonal excitability properties of bulbar-dominant amyotrophic lateral sclerosis
Jong Seok Bae[1], Soon Kyung Shim[1], Sun Min Yoon[1], Byung Jo Kim[2]
[1]Hallym University, College of Medicine, Seoul, South Korea, [2]Korea University, Seoul, Korea

P45-T | Motor unit number estimation in facial muscles using the M Scan-Fit method.
Miguel E. Habeych[1], Terry Trinh[1], Tushar Issar[1], Natalie C. Y. Kwai[1,2], Arun V. Krishnan[1,2,3]
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P46-T | Unexpected electrophysiological findings in a boy with Balo concentric sclerosis.
Agnieszka Biedroń[1], Aleksandra Gergont[1], Sławomir Kroczka[1]
[1]Chair of Child and Adolescent Neurology, Jagiellonian University Collegium Medicum, 265 Wielicka Street, Krakow 30-663, Poland, Kraków, Poland

P47-T | Could needle EMG still be helpful in diagnosis of myotonia congenita?
Monika Nojszewska[1], Anna Łusakowska[1], Małgorzata Gaweł[1], Janusz Sierdziński[2], Anna Sułek[3], Woiletta Krysa[3], Ewelina Elert-Dobkowska[3], Andrzej Seroka[1], Anna M. Kamińska[1], Anna Kostera-Pruszczyk[1]
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P48-T | Short exercise and short exercise with cooling tests in recessive myotonia congenita (Becker disease)
Monika Nojszewska[1], Anna Łusakowska[1], Małgorzata Gaweł[1], Marta Lipowska[1], Janusz Sierdziński[2], Anna Sułek[3], Wioletta Krysa[3], Ewelina Elert-Dobkowska[3], Andrzej Seroka[1], Anna M. Kamińska[1], Anna Kostera-Pruszczyk[1]
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